

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE

27220022-OUTLETS 1 & 2

1. MONTH OF JULY 1, 2008 THRU JULY 31, 2008
2. Is Outlet # (8 digit) Correct? ☒ Y N N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y N N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y N N/A
5. Is method used to calculate water stated? ☒ Y N N/A
6. Are number of working days stated? ☒ Y N N/A
7. Are there any parameters which have exceeded PVSC Local Limits? Y ☒ N N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y N N/A
9. Have correct number of samples been submitted? ☒ Y N N/A
10. Has PHC result been listed on MR-1 report? Y N ☒ N/A
11. Has sample number been reported in space provided? ☒ Y N N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y N N/A
13. Has sample type been stated on MR-1? ☒ Y N N/A
14. Have all samples been taken during this reporting period? ☒ Y N N/A
15. Has NJDEPE certified lab been used? ☒ Y N N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y N N/A
17. Have results been written in space designated on MR-1? ☒ Y N N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y N N/A
19. Has MR-1 been signed by authorized representative? ☒ Y N N/A
20. Has information been submitted on proper MR-1 form? ☒ Y N N/A
21. Remove Arsenic from report if sampling not required Y N ☒ N/A

c.j.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE

27220022

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 9/22/08 Date sent to user _____Date due back _____ Reviewer C.J.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: COMO TEXTILE PRINTS INC.

AUG 20 2008

MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410OUTLET #: 1CONTACT OFFICIAL: MICHAEL BLANCHFIELDTELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 1OLD OUTLET DESIGNATION: 27400341

MONITORING PERIOD

Start			End		
7	1	08	7	31	08
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

Total Flow-gal/day

182,387 200,626Method Used: Monthly meter reading divided by days worked

Production Rate (if applicable)

N/A

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.03	—	mg/l	1	Comp
	Permit Requirement	3.02	—	mg/l		
Pb	Sample Measurement	<0.005	—	mg/l	1	Comp
	Permit Requirement	0.54	—	mg/l		
Ni	Sample Measurement	<0.01	—	mg/l	1	Comp
	Permit Requirement	5.9	—	mg/l		
Zn	Sample Measurement	0.15	—	mg/l	1	Comp
	Permit Requirement	1.67	—	mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
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	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PVSC FORM 1 REV. 4/6/97 P. 1

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets):

We have been certified
for non-use for Cr, Cd, Hg

AUG 20 2008

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used:

We are in compliance of the local
limits on Cu, Pb, Ni, Zn

Explain Method for preserving samples:

Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve the samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal

Executive or Authorized Agent

#1
Michael F. Blanchfield~~Mr.~~ President

Type Name and Title

8/19/2008
Date

PRETREATMENT MONITORING REPORT

NAME: COMO TEXTILE PRINTS INC.

AUG 20 2008

MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410OUTLET #: 2CONTACT OFFICIAL: MICHAEL BLANCHFIELDTELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 2 OLD OUTLET DESIGNATION: 27400342

MONITORING PERIOD

Start			End		
7	1	08	7	31	08
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

Total Flow-gal/day

15,989 17,587Method Used: Monthly meter reading divided by days worked

Production Rate (if applicable)

N/A

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.10 ✓	—	mg/l	1	Comp
	Permit Requirement	3.02	—	mg/l		
Pb	Sample Measurement	<0.005 ✓	—	mg/l	1	Comp
	Permit Requirement	0.54	—	mg/l		
Ni	Sample Measurement	<0.01 ✓	—	mg/l	1	Comp
	Permit Requirement	5.9	—	mg/l		
Zn	Sample Measurement	0.14 ✓	—	mg/l	1	Comp
	Permit Requirement	1.67	—	mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PRETREATMENT MONITORING REPORT

AUG 20 2008

Certification of Non-Use if applicable (use additional sheets):

We have been certified
for non-use for Cd, Cr, Hg

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

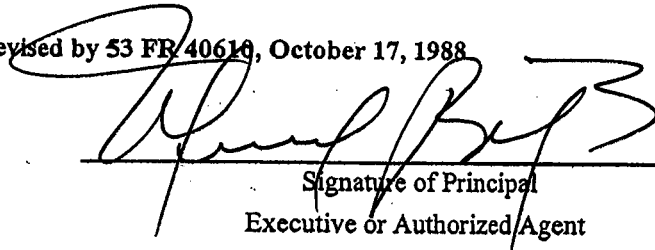
parameter used: We are in Compliance of The locallimits on Cu, Pb, Ni, Zn

Explain Method for preserving samples:

Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve The samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal
Executive or Authorized Agent#2
Michael F. Blanchfield~~Mr.~~ President

Type Name and Title

8/19/2008

Date

**Technion Inc.,
Testing and Research Laboratories**

Client : Como Textiles

Date Received : 07/02/08

Date Digested : 07/02/08

Test Results

Sample ID: Pretreatment 2

Matrix: Wastewater

Lab ID: 8078-4

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avege Limits	EPA Method
07/09/08	Copper	0.10	0.003	3.02	200.7
07/09/08	Lead	N.D.	0.005	0.54	200.7
07/09/08	Nickel	N.D.	0.01	5.9	200.7
07/09/08	Zinc	0.14	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

Page

5 of 5

Technion, Inc.
Testing and Research Laboratories

Client : Como Textiles

Date Received : 07/02/08

Date Digested : 07/02/08

Test Results

Sample ID: Pretreatment 1

Matrix: Wastewater

Lab ID: 8078-2

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
07/09/08	Copper	0.03	0.003	3.02	200.7
07/09/08	Lead	N.D.	0.005	0.54	200.7
07/09/08	Nickel	N.D.	0.01	5.9	200.7
07/09/08	Zinc	0.15	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

tel: (973) 279-2950 fax: (973) 881-8450

Date: 8/19/2008

Passaic Valley Sewerage Commissioners
Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring report:

Service #341

Meter #70025607 3020 (CCF) * 748 = 2,258,960 gal.

Meter #60094686 60 (CCF) * 748 = 44,880 gal.

2,303,840 gal.

5% allowance for evaporation * .95

Consumption #341

2,188,648 gal.

Service #342

Meter #60094678 270 (CCF) * 748 = 201,960 gal.

5% allowance for evaporation * .95

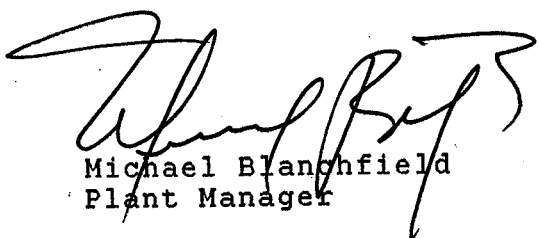
Consumption #342

191,862 gal.

Service #343

Meter #45141583 3 (CCF) * 748 = 2,244 gal.

Sanitary only #343

2,244 gal.
Michael Blanchfield
Plant Manager

pvsc36

**Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110**

Tel : 973-661-0800

Fax : 973-661-1817

RECEIVED JUL 25 2008

Analytical Report

Client : Como Textiles
Client Ref :
Material : Four Wastewater Samples

Date : 07/14/08
Technion Ref : 8078
Date Received : 07/02/08
Lab ID : 08: 8078

Project :

Analysis Req : BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst : Y. Yildiz, S. Zalewski

The above sample(s) were received on 07/02/08 and analyzed as requested.

Certificate of Analysis

Test Results : Test results are as attached.

Metals Subcontracted to QC Laboratories

Release of the data contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.


Omar Baturay
Laboratory Manager

OB/td

NJDEP No. 07004

Page

1 of 5



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED JUL 31 2008

Bill Date	Jul 25, 2008
Account Number	122625-98578
Date of Last Payment	Jul 07, 2008
Amount of Last Payment	\$ 233.12
Previous Balance	\$ 0.00
Current Charges	\$ 219.22
Total Amount Due	\$ 219.22
Due Date	Aug 24, 2008

SERVICE ADDRESS **193 E RAILWAY AVE, PATERSON**

BILL TYPE **MONTHLY BILL**

Billing Period

Jun 06, 2008--Jul 14, 2008

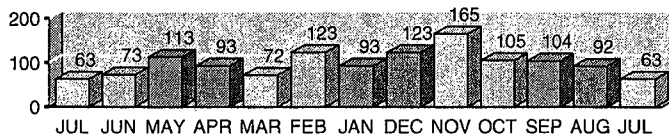
Services

Description	Charge
SERVICE CHARGE	106.30
SERVICE CHARGE	25.35
FIRST 333 CCF	87.57

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094686	2 INCH	1250	1244	60
45141583	5/8 INCH	494	491	3

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

RECEIVED JUL 31 2008

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122625-98578
Due Date	Aug 24, 2008
Total Amount Due	\$ 219.22
Amount Enclosed	

Mailing Address:

Service Address:
193 E RAILWAY AVE, PATERSON

*B-00-BZK-AM-00735



*****SNGLP

COMO TEXTILES
193 E RAILWAY AVE
PATERSON NJ 07503



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PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393





Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED JUL 30 2008

Bill Date	Jul 25, 2008
Account Number	122623-98574
Date of Last Payment	Jul 07, 2008
Amount of Last Payment	\$ 692.22
Previous Balance	\$ 0.00
Current Charges	\$ 481.60
Total Amount Due	\$ 481.60
Due Date	Aug 24, 2008

SERVICE ADDRESS **191 E RAILWAY AVE UT001, PATERSON**

BILL TYPE **MONTHLY BILL**

Billing Period

Jun 06, 2008--Jul 14, 2008

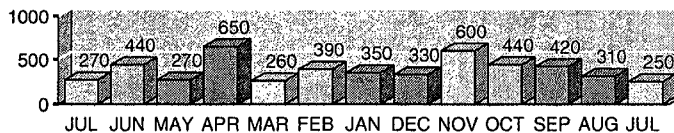
Services

Description	Charge
SERVICE CHARGE	106.30
FIRST 333 CCF	375.30

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094678	2 INCH	4814	4787	270

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

RECEIVED JUL 30 2008

Mailing Address:

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122623-98574
Due Date	Aug 24, 2008
Total Amount Due	\$ 481.60
Amount Enclosed	

Service Address:

191 E RAILWAY AVE UT001, PATERSON

*A-00-BZK-AM-00084



COMO TEXTILE PRINT
191 E RAILWAY AVE
PATERSON NJ 07503-2100



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PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393





Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED AUG 6 - 2008

Bill Date	Aug 01, 2008
Account Number	122621-98572
Date of Last Payment	Jul 07, 2008
Amount of Last Payment	\$ 5,351.02
Previous Balance	\$ 0.00
Current Charges	\$ 3,890.52
Total Amount Due	\$ 3,890.52
Due Date	Aug 31, 2008

SERVICE ADDRESS **191 E RAILWAY AVE, PATERSON**BILL TYPE **MONTHLY BILL****Billing Period**

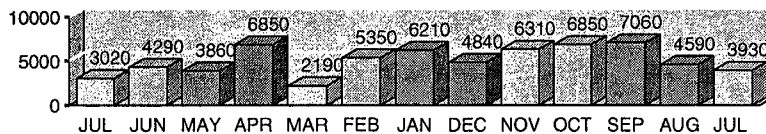
Jun 06, 2008--Jul 14, 2008

Services

Description	Charge
SERVICE CHARGE	337.60
FIRST 333 CCF	462.87
NEXT 9,999,999 CCF	3090.05

Meters

Meter No	Meter Size	Current	Previous	Consumption
70025607	4 INCH	6283	5981	3020

Usage History (most recent first)

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Aug 31, 2008
Total Amount Due	\$ 3,890.52
Amount Enclosed	

RECEIVED AUG 6 - 2008

Mailing Address:

Service Address:
191 E RAILWAY AVE, PATERSON

*A-00-GJZ-AM-03026



COMO TEXTILE PRINT
191 E RAILWAY AVE
PATERSON NJ 07503-2100



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PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393



000122621000098572000003890526

NOT DOWN BOXNON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITSVE: COMO TEXTILE

PLING ADDRESS: _____

ILITY LOCATION: _____

EGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220022-1+2

TACT OFFICIAL: _____ TELEPHONE #: _____

ve been authorized to certify non-use for the following heavy metals:

nic _____ Lead _____ Zinc _____

nium _____ Mercury _____

mium _____ Molybdenum _____

er _____ Nickel ☒

SAMPLE DATE

MONTH DAY YEAR

7 02 08

AMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	
<u>2</u>	Sample Measurement	<u>20.01</u>		<u>mg/l</u> <u>1</u>	<u>Comp.</u>
	Threshold Value	<u>0.02</u>			
<u>NICKEL</u>	Sample Measurement				
	Threshold Value				
<u>OUT. #1</u>	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
<u>NICKEL</u>	Sample Measurement	<u>20.01</u>		<u>mg/L</u> <u>1</u>	<u>comp.</u>
	Threshold Value	<u>0.02</u>			
<u>OUT. #2</u>	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

* FOR BOTH OUTLETS #1 & #2 *

VSC Form MR-3 10/96

* ENTER NICKEL SAMPLE AS DROP BOX ON MR-1 FIRST ENTRY *